

# "THE HEARTBEAT OF INDIANA"

## TRAUMA TIMES

Contributing editor: Susan Perkins, RN

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INDIANA TRAUMA SYSTEM



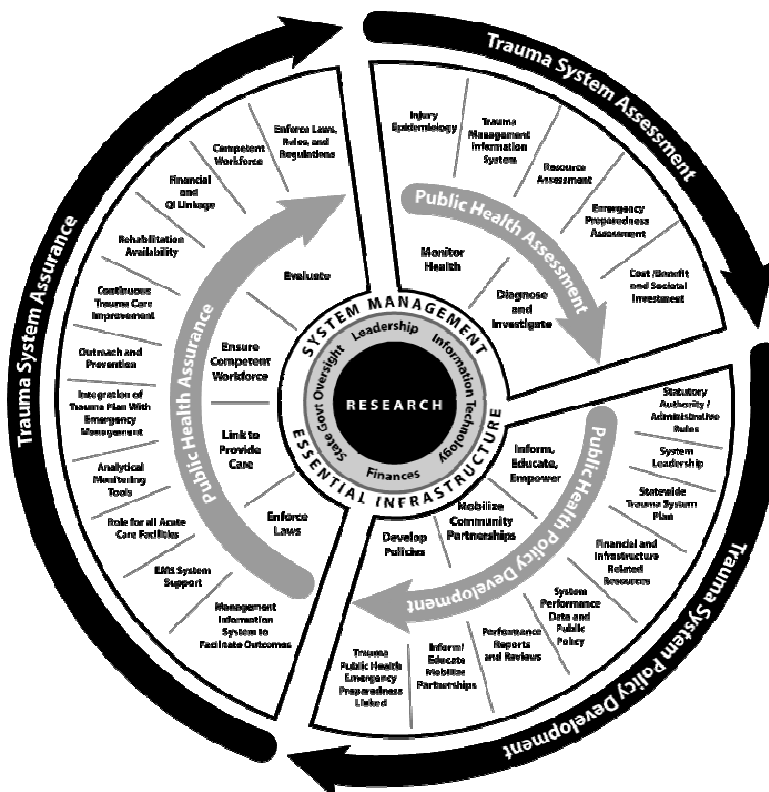
### INTERESTING INDIANA FACTS:

- ◆ First among states in miles of interstate highway per land area
- ◆ 50th among states for per capita public health funding
- ◆ The cost to Hoosiers for injuries is estimated to be in the \$10's of billions
- ◆ Indiana has 129 acute care hospitals with emergency departments.
- ◆ 16 of the 92 Indiana counties do not have a hospital.
- ◆ 35 Indiana hospitals are designated as Critical Access Hospitals.
- ◆ Indiana's Trauma System Advisory Task Force has more than 100 members.

## INDIANA TRAUMA SYSTEM CONSULTATION VISIT

In December, Indiana was fortunate to have a consultative visit from experts of the American College of Surgeons Committee on Trauma regarding the development of a state trauma system. The purpose of a trauma system consultation is to promote the development and the enhancement of a state or regional trauma system by assessing and evaluating the trauma system for strengths, weaknesses, opportunities, and threats and by providing guidance to the state or region for future trauma system development. The process takes a public health approach regarding trauma system development, management, and performance improvement:

In 2006, the Indiana General Assembly passed and the Governor signed legislation empowering the Indiana State Department of Health (ISDH) to develop a trauma system in the state (P.L. 155-2006). A Trauma System Advisory Task Force was formed by the ISDH and it was this task force that met with the consultants from the ACS-COT for the rigorous 3-day review. The consultants were very complimentary of some processes that are in place, but also provided the task force with initial recommendations before their departure. The final report has been released and is posted on the ISDH Trauma System/Injury Prevention website (<http://www.in.gov/isdh/files/IndianaTSCFinalReport.pdf>).





## TRAUMA REGISTRY UPDATE



- ◆ Tracie Pettit, RN is the new state trauma registry manager. Tracie has experience as an ED nurse, manager, TNCC (and other courses) instructor, and as a state and local ENA leader. Over the years, she has come to know many of the ED nurses around the state and is already recruiting additional hospitals to participate in the trauma registry. For hospitals interested in hearing more about the trauma registry, Tracie can be contacted at 317-234-2888 or [tpettit@isdh.in.gov](mailto:tpettit@isdh.in.gov).
- ◆ Laura Gano, an MPH student from IU, completed her 2008 ISDH internship with the state trauma registry. Her final project report was about pediatric traumatic brain injury.
- ◆ More of the trauma centers have been able to successfully import their trauma registry data to the state and any issues are being resolved as they are identified. More hospitals are continuing to express interest in the trauma registry and have been contacting Tracie to schedule training sessions.
- ◆ A request for legal advice has been submitted to ISDH attorneys to determine if adequate data protection already exists. In the meantime, the draft trauma registry rules are being updated and prepared for the promulgation process. The rules will contain specific language for the protection of the trauma registry data from discoverability.
- ◆ A research proposal for the trauma registry is currently under discussion. The primary objective of the proposed project is "to link four data resources for analysis of trauma treatment, disposition of trauma cases, and health outcomes. Analyses conducted as part of this project also will assess the impact of trauma on individuals' receipt of state supported health coverage." Collaborating partners for this proposed project are ISDH, Purdue, RHI, IUSOM, and IU-Bloomington. The data sources for proposed linkage are The Indiana Trauma Registry, hospital discharge database, EMS data registry, and Medicaid. All of these proposed linkages are pending data sharing agreements and are limited to any and all restrictions placed on the sharing of data (HIPAA, IN statute).



## EMS Update

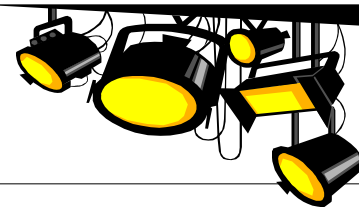
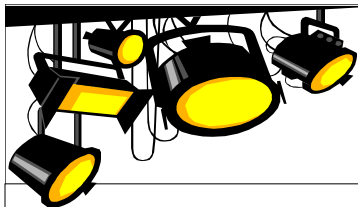


### New Software Program Training Announcement

- ◆ The Indiana Department of Homeland Security Fire and EMS will be offering a new Web-based software data system called the FH.NET. This new FH.NET system allows users to enter Incident Runs through a state-owned Web server, and the new FH.NET program will have the same three modules as the previous state issued software CD program -- Fire, EMS, and Staff. There will no longer be a need to maintain a software program with updates and backup procedures, as the IN DHS Fire and EMS personnel will do the updates and maintenance.
- ◆ One requirement for your department or person entering the data would be to have an Internet connection. A dialup service will work.
- ◆ The second requirement for your department staff/personnel would be to attend a special class on the usage of the system. Only one class is required. The class locations and times can be found on the DHS Web site: <http://www.in.gov/dhs/2341.htm>. Due to limited seating space at some locations, we must ask that a maximum of three people from each agency attend.
- ◆ This program is offered free of charge to all Fire/Ems service agencies.

### EMS Trauma Triage Protocol Workgroup

- ◆ The EMS Trauma Triage Protocol Workgroup is actively drafting prehospital trauma triage guidelines to submit to the EMS Commission for review and approval prior to the rules promulgation process.



## HOSPITAL SPOTLIGHT

### Memorial Leighton Trauma Center The Region's Only Level II Trauma Center

*Memorial Hospital of South Bend. Saving Lives.*

When patients need Memorial the most, it's not just time that counts, but excellence, efficiency, competence and compassion. That's just what the Memorial Leighton Trauma Center offers to people who are seriously injured.

As the region's only Level II Trauma Center, Memorial provides cutting-edge care with immediate availability of physicians, nurses, technologies and support services 24 hours a day. Trauma care at Memorial meets rigorous national standards for quality as evaluated by the American College of Surgeons.

Our trauma team is composed of committed specialists pulling together to provide state-of-the-art, timely care to our most critical patients. This care begins with EMS, fire and police personnel and continues through the acute hospital stay to rehabilitation and home. Our team is also involved in education and injury prevention throughout the region.

Memorial Hospital has a full-time Trauma Director, two-full time Registered Nurse clinicians, a Trauma Registrar, and Outreach Coordinator exclusively dedicated to Trauma Services.



For more information visit  
the hospital's

Web site at:

[www.qualityoflife.org](http://www.qualityoflife.org)

or contact

Bob Ingram, RN, MSN  
Director of Trauma  
Services

#### History of Trauma Services at Memorial Hospital of South Bend

1994	Dr. Thomas moved to the area, recognized the need for trauma care, and held informal discussions with physicians.
1994	Memorial began tracking trauma patients using an internal trauma registry.
1998	Board of Directors approved a resolution in support of a trauma program at Memorial, formalized a trauma committee structure and
1999	Memorial began working with Bishop & Associates.
May, 1999	Donald Trunkey, M.D., an internationally recognized leader in trauma care, offered a lecture to members of Memorial's medical staff.
January, 2000	Converted trauma registry to NTRACS, a national database sponsored by the American College of Surgeons.
Spring, 2000	Appointment of Trauma Program Manager.
September, 2003	A consultation visit by the American College of Surgeons resulted in a favorable review.
August, 2004	Verification visit by the American College of Surgeons.
November, 2004	Memorial verified as a Level II Trauma Center by American College of Surgeons.
January 2006	Memorial MedFlight Introduced
2007	Appointment of Jayne Mitton as Executive Director
November, 2007	ACS Re-verification Completed
2008	Appointment of Bob Ingram as Trauma Services Director

## DANGER: Don't Text and Drive

### A New Initiative by Parkview Trauma Center

Parkview Hospital launched a new trauma prevention initiative in February 2009 to save lives on area roadways. The campaign will target teenage drivers and adults who send or read text messages while driving.

"Recent research compares reduced reaction times by drivers who send text messages to individuals who drive while under the influence of alcohol," said Lori Hunt, trauma outreach coordinator, Parkview Hospital. "Our law enforcement and legal systems are firm: driving and alcohol don't mix. Across the nation, we're seeing that operating a motor vehicle while texting is even more dangerous."

Research at the University of Utah found that drivers who texted while driving behaved like drunk drivers: they were less able to brake safely and more likely to crash. In another study of young drivers between the ages of 17 to 24, their reaction times on a driving simulator were slowed overall by 35 percent while texting. In contrast, reaction time was reduced by only 12 percent at the legal alcohol limit.

Text messaging involves short character messages to be sent and received on mobile phones or personal digital assistants (PDAs). Regardless of the technology, texting requires the use of both hands to type text as well as frequent glances at the instrument's view screen.

Parkview's message -- Don't text and drive -- will appear on billboards and on television public service announcements initially. Then, the Trauma Services team plans to take it directly into area high schools. "Our goal is simply to reduce the number of car crashes caused by texting while driving," said Lisa Hollister, RN, manager of Trauma Services, Parkview Hospital.



### Helmet tips provided by Safe Kids USA ([www.safekids.org](http://www.safekids.org)):

**Don't negotiate.** It's estimated that 75 percent of bicycle-related deaths among children could be prevented with a bicycle helmet.

- Buy a helmet that meets or exceeds current safety standards developed by the [U.S. Consumer Product Safety Commission](http://www.nhtsa.gov).
- **Correct fit is essential.** Do the "Eyes, Ears and Mouth" check:
  1. **EYES** check: Position the helmet on your head. Look up and you should see the bottom rim of the helmet (one to two fingers above the eyebrows).
  2. **EARS** check: Make sure the straps of the helmet form a "V" under your ears when buckled. The strap should be snug but comfortable.
  3. **MOUTH** check: Now open your mouth as wide as you can! Do you feel the helmet hug your head? If not, tighten those straps!
- **If your child is reluctant to wear her helmet, try letting her choose her own.** Helmets come in many colors and styles - allowing children to choose a helmet that's "cool" may make them less likely to take it off when you're not around.
- **Talk to other parents and encourage them to have their kids wear helmets.** Let your children see that you wear a helmet, too. Children are more likely to wear helmets when riding with others who wear them.





## Lutheran Hospital Teen Driving Program



*By Donald N. Reed, Jr., MD  
Trauma Medical Director  
Lutheran Health Network*

In 2007, more than 5,000 teens died nationwide in motor vehicle crashes. Automobile crashes are the leading killer of American teenagers, aged 16 to 19, accounting for 40 percent of fatalities in that age group. The highest chance any driver has of dying in an accident is during his or her first year of driving.

To help reduce teen fatalities, Lutheran Hospital has partnered with the BMW Car Club of America Foundation to offer Tire Track Street Survival®, a non-profit, national driver education program aimed at teaching teens the skills they need to stay alive behind the wheel. Lutheran has already hosted three sessions of the program and hopes to schedule more in 2009.

Tire Rack Street Survival® is designed to go beyond today's required driver's education classes and give teens across the U.S. the driving tools and hands-on experience in real-life situations they need to become safer and smarter drivers.

The program focuses on teaching students how to be more observant in traffic, how to anticipate unwise actions of other drivers and why they, as well as their passengers, should always wear their seat-belts. The program also teaches students how to maintain their cars, like checking tire pressure, and what actually happens when an airbag detonates.

Although participating in the program meets an American College of Surgeons requirement for trauma verification, Lutheran's real reason for participating is because we believe the program can actually help prevent injuries and death in the vulnerable teen population that often presents in our emergency room.

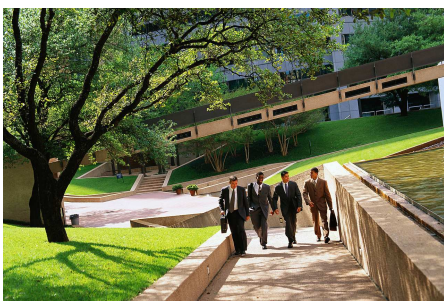
If you have a new driver in your family, encourage him or her to enroll in an upcoming Tire Track Street Survival®. Chances are, you'll never make a better investment. For additional information, contact Molly Jordan at 435-7137, or visit [www.streetsurvival.org](http://www.streetsurvival.org).

## Public Health Traffic Safety Institute Grant

### Pedestrian Safety

Dawn Daniels, DNS, RN, PHCNS-BC, CPST, Coordinator, Injury Free Coalition for Kids at Riley Hospital for Children/Riley Trauma Services has been awarded the Public Health Traffic Safety Institute (PHTSI) mini-grant administered by the American Public Health Association (APHA) through funding from the National Highway Traffic Safety Administration (NHTSA). The purpose of her project is the development and evaluation of a skills based educational approach to pedestrian safety that is directed at elementary school students and the adult caretakers in the neighborhood. The goal of the program is to increase protective pedestrian behaviors and decrease risk-taking pedestrian behaviors. The state trauma manager and other Trauma Task Force members are also members of the pedestrian safety grant workgroup, which includes law enforcement, education, nursing, public health professionals and others.

**never  
injury**



## Priority Recommendations from ACS-COT Trauma System Consultation Team

### **Statutory Authority and Administrative Rules:**

Amend PL 155-2006, trauma system law, to include establishment of a Governor-appointed state trauma advisory board (STAB) that is multidisciplinary to advise the Department of Health in developing, implementing and sustaining a comprehensive statewide trauma system.

### **System Leadership:**

Develop an Office of Emergency Care within the Department of Health that includes both the trauma program and EMS.

### **Lead Agency and Human Resources:**

Hire sufficient staff based on the recommendations identified in the trauma system plan.

### **Trauma System Plan:**

Develop a plan for statewide trauma system implementation using the broad authority of the 2006 trauma system legislation.

### **Financing:**

Develop a detailed budget proposal for support of the infrastructure of the state system within the trauma system plan.

### **Definitive Care:**

Perform a needs assessment to determine the number and level of trauma hospitals needed within the state.

### **Emergency Medical Services:**

Recruit and hire a qualified State Trauma/EMS Medical Director who will provide clinical expertise, oversight, and leadership for the state's Trauma and EMS systems.

### **System Coordination and Patient Flow:**

Develop, approve, and implement prehospital trauma triage guidelines as well as inter-facility transfer criteria.

### **Disaster Preparedness:**

Involve the State Trauma/EMS Medical Director in statewide disaster planning initiatives.

### **System-wide Evaluation and Quality Assurance:**

Create a PI Subcommittee to develop a trauma system performance improvement plan

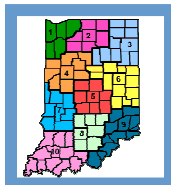
Develop a PI process template as a resource tool for all trauma centers and participating hospitals

Standardize a subset of trauma PI activities for each trauma center and participating hospital.

Implement regional PI processes that feed into the statewide trauma PI processes.

### **Trauma Management Information Systems:**

Amend or create a Statute with specific language to protect the confidentiality and discoverability of the Trauma Registry and of trauma system performance improvement activities.

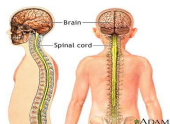




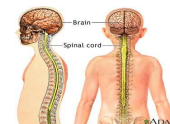
## Trauma Task Force 2009 Activities



- ♦ By-laws have been drafted and will be voted on at the May 1st Trauma Task Force meeting. Task Force leadership will also be identified at this meeting.
- ♦ A Planning Workgroup is taking the first steps toward formalizing a system plan. They are currently reviewing the draft administrative rules for hospital trauma center designation and plan to survey hospitals throughout the state to determine both level of interest in trauma system participation as well as resources that are currently available. It is the goal of the Task Force that every hospital will participate in the trauma system in some capacity.
- ♦ The trauma system manager has drafted a template for the state trauma system plan to assist the Planning Workgroup with the process. This template includes all aspects of the trauma system, such as injury prevention, EMS, disaster management. The 2006 BIS assessment that was completed by Task Force members is included as a benchmark for future reassessment.
- ♦ Dan Geyer, an MPH student and current trauma system intern, is compiling a document containing information gleaned from other states regarding their trauma system structure, financing and planning efforts. All of this information will be used by the Task Force for development efforts. Members of the Task Force have shared their experiences from other states and have compiled information (Texas, Kentucky) for Task Force use.
- ♦ The ISDH Injury Prevention epidemiologist is submitting a proposal to the IU School of Medicine, Division of Public Health to enlist students to assist with a trauma system needs assessment over the summer. The Trauma Task Force Injury Prevention and Education & Outreach subcommittees Planning Workgroup, as well as EMS will assist with this assessment.
- ♦ Performance Improvement has been added to the Information Management subcommittee of the Trauma Task Force; Tracie Pettit, the state trauma registry manager, has been added as co-chair for this subcommittee. The subcommittee is developing a performance improvement process. The state trauma registry manager has already drafted a mission/vision statement, goal, and three-year plan for the group to further develop. The other Task Force subcommittees are developing their goals/plans as well.
- ♦ The Protocol Development for Care subcommittee is currently being reorganized to be included in the System Development and Maintenance subcommittee.
- ♦ The Injury Prevention Advisory Council/IP Subcommittee of the Trauma Task Force are working together to define the problem of injury in Indiana, the role of these two groups, and to develop solutions for the state using national models and strategies. There are meetings scheduled with the hospital association/hospital leaders to determine what is needed to update the hospital discharge database reporting capabilities to consistently include E-codes, as well as potential training/personnel needs. A project proposal will be submitted to the Traffic Records Coordinating Committee for possible inclusion in this year's NHTSA 408 grant submission.
- ♦ The organizational chart at ISDH is currently being reorganized and will now include an Office of Emergency Care.
- ♦ The Indiana Public Health Foundation may act as the fiscal agent for the trauma system development effort. Trauma Task Force members are in the process of identifying organizations that may wish to support this effort by donating to the trauma system fund.



## Indiana Spinal Cord & Brain Injury Research Fund Update



The Indiana Spinal Cord and Brain Injury Research Board is pleased to announce that it has awarded grants to 14 researchers to support projects submitted in the first grant application cycle. A total of nearly \$1.7 million is being awarded. A total of 32 projects were submitted, and feedback has been provided to each of the researchers who did not receive awards so that they can resubmit their projects in future grant application cycles.

The second grant cycle ended March 16, 2009. Applications will be assigned for review at the next scheduled meeting of the scientific advisory panel.

## Upcoming Events

# SAVE the DATE!

## G. Tom Shires and H. Harlan Stone Inaugural Pediatric Trauma Symposium

"Exterminate Your Fears of Pediatric Trauma"

### Our Speakers:

Dr. Denis Bensard - Pediatric Surgeon  
Peyton Manning Children's Hospital - St. Vincent's

Dr. Richard Falcone - Pediatric Trauma Surgeon  
Cincinnati Children's Hospital Medical Center

Dr. Nannette Stump - Clinical Psychologist  
St. Mary's Rehabilitation Institute

Dr. Stephen Lanzarotti - Trauma Surgeon  
Evansville Surgical Associates

Theresa Rapstine, RN, BSN  
The Children's Hospital - Denver/Kiwanis Pediatric Trauma Institute

June 4, 2009 • 7:30 a.m. - 5:00 p.m.

Questions? Call 812-485-6817

CME Credit/Nursing  
Contact Hours



**ST. MARY'S**  
Trauma Center  
Evansville, Indiana



## The 20th Annual Trauma Symposium & Celebration

**Friday, May 8, 2009**

7:30 a.m. - 4 p.m., Symposium; 4 - 6 p.m., Celebration

Ceruti's Reception Hall

6601 Innovation Blvd.

Fort Wayne, IN 46818

### Speakers:

Mary O. Aaland, MD, FACS, Joye M. Carter, MD

Jason Heisler, DO, Antoinette L. Laskey, MD, MPh, FAAP

Julie T. Miller, DO, Sai Ganesh Yarram, MD

For more information call: (260) 373-3500

CME Credit/Nursing Contact Hours



## Indiana Rural Health Conference and Pre-Conference

Date: June 9 - 11, 2009

Indianapolis Marriott East

7202 East 21st St., Indianapolis, IN 46219

Contact: Tina Elliott

Email: [telliott@indianarha.org](mailto:telliott@indianarha.org)

[www.indianaruralhealth.org](http://www.indianaruralhealth.org)

## 2009 IN Trauma System Advisory Task Force Meetings:

### ♦ May 1, 2009 (Trauma Day—multiple meetings)

♦ August 7, 2009

♦ November 20, 2009

If you are interested in attending or have questions regarding  
trauma care in Indiana,

please contact:

Susan Perkins, RN, BSN, CCRC

Trauma System Manager/Rural Health Liaison

2 North Meridian St.

Indianapolis, IN. 46204

[sp Perkins@isdh.IN.gov](mailto:sp Perkins@isdh.IN.gov)

8 Logo created by members of the Indiana Trauma Network.

## Indiana ENA Annual Symposium

June 17, 2009

Ritz Charles, Indianapolis

[www.indianaena.org](http://www.indianaena.org)

**INDIANA TRAUMA SYSTEM**

